

Do YOU need Physiotherapy?

- Are you aged 18 or over
- Do you have a joint or muscular complaint

You can now refer yourself directly to the Physiotherapy Service. This means you do not have to visit your GP first, unless you wish to do so.

The Self Referral service for physiotherapy is NOT available:

- · For neurological, breathing, heart, obstetric & gynaecological problems
- If you have MULTIPLE joint or limb problems
- If you have had a recent fracture or Orthopaedic Surgery
- If you have had physiotherapy for the SAME PROBLEM within the last 6 months

Not sure if Physiotherapy is right for you?

Physiotherapy can be particularly beneficial if you are suffering from any of the following:

Back Pain

Joint and muscular pain

Neck Pain

Strains and Sprains

If you have any of the following please see your GP before referring yourself to physiotherapy

Changes in your bladder and bowel habits

A hot swollen joint

Constant severe pain and you are unable to find relief

Unexpected weight loss

Weakness, pins and needles, loss of feeling

Multiple joint complaints

Previously diagnosed/treated for Cancer

To refer yourself, it is important that you complete ALL sections of the form clearly. Please note we cannot take responsibility for any information that has been withheld. The information you provide will be shared with your GP or other relevant healthcare professionals.

How do I self-refer?

 Please complete the self-referral form overleaf and return the form to your local hospital physiotherapy department.

Wrexham & Chirk 01978 727769 Alltwen, Bryn Beryl & Blaenau Ffestiniog 03000 852473

Deeside, Mold & Holywell 03000 859045 Penrhos Stanley & Cefni 01407 766047

Colwyn Bay & Ruthin 03000 850017 Llandudno 03000 851870

Royal Alexandra 03000 850024 Dolgellau, Tywyn and Bala 01341 424856

Bangor & Eryri 01248 384100 Denbigh 01745 448788 Ext 7481

OUTPATIENT PHYSIOTHERAPY - SELF REFERRAL FORM

(Date Completed:)
Bale Completed.	,

Please complete <u>ALL</u> sections of the form clearly. Incomplete forms will be returned.

Full name		Date of Birth:		
Male / Female	NHS or Hospital number	(if known):		
Address:		Postcode:		
Daytime Tel Number:			Able to leave Answer message? Yes \ No \	
GP Name & Address: 1. Which area of your body is			res No	
2. Please describe your probl	lem?			
3. How long have you had thi Less than 3 weeks		☐ More than	n 6 weeks	
4. Is this problem? New	☐ Flare up of old problem	Longstanding		
5. Is your problem?Getting better	☐ Getting Worse		Staying the same	
6a. Are you off work / unable Yes	to care for a dependant be		problem? ployed/Retired	
6b. If YES, HOW LONG for?				
7. Please provide any other in	formation that you feel we	may need to kn	iow.	
8. Which Physiotherapy depa	ortment vou would like to a	ttend? (see hosr	oital list & telephone	
numbers overleaf or visit http://v		` .	•	

What will happen next?

- The form will be looked at by a physiotherapist.
- If we think we can help with your condition you will be placed on the physiotherapy waiting list and offered an appointment. We will contact you by telephone or letter about the appointment.
- If we are unable to help you, we will contact you either by telephone or letter to let you know.

How long will I have to wait?

- This depends on the current physiotherapy service waiting list (GP referred and self-referred patients will wait for the same time). Please be advised our routine waiting times may be **up to 14-weeks** for an appointment, however, urgent problems are usually seen within a few weeks.
- If you have not heard anything from us within 8 weeks, please contact us so that we can chase this up for you.
- If your symptoms get significantly worse while you are waiting then you are advised to see your GP